

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                                    |   |                       |
|------------------------------------|---|-----------------------|
| In re Patent Application of        | ) | BOX AF                |
|                                    | ) |                       |
| Joe GRAY et al.                    | ) | FEE AMENDMENT         |
|                                    | ) |                       |
| Application No.: 08/487,974        | ) | Group Art Unit: 1634  |
|                                    | ) |                       |
| Filed: June 7, 1995                | ) | Examiner: A. Marschel |
|                                    | ) |                       |
| For: A METHOD OF DETECTING GENETIC | ) |                       |
| TRANSLATIONS IDENTIFIED WITH       | ) |                       |
| CHROMOSOMAL ABNORMALITIES          | ) |                       |

**REPLY TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☒ Also enclosed is NOTICE OF APPEAL

☐ \_\_\_\_\_ statement(s) claiming small entity status  
[ ] are also enclosed [ ] were submitted previously.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

**DOCKETED**  
filed 3/1/99  
CS

| AMENDED CLAIMS   |               |   |              |             |              |
|--|---------------|---|--------------|-------------|--------------|
|  | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE        | 'ADD'T'L FEE |
| Total Claims   |               | MINUS =                                   |              | x \$18.00 = | 0.00         |
| Independent Claims   |               | MINUS =                                   |              | x \$78.00 = |              |
| If Amendment adds multiple dependent claims, add \$260.00              |               |   |              |             |              |
| Total Amendment Fee  |               |   |              |             |              |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |               |   |              |             |              |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT                            |               |   |              |             | 0.00         |

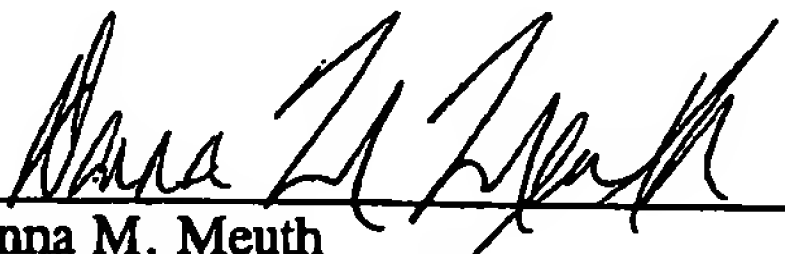
☐ A claim fee in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

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By:   
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Date: March 1, 1999